

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 04/500 397		FILING DATE 02-08-00	
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51	/	/		
2		/		/			52	5	5		
3	/			/			53	5	5		
4		/		/			54	/	/		
5	/			/			55	/	/		
6		/		/			56	/	/		
7	/		/				57	/	/		
8	/			/			58	/	/		
9	/			/			59	/	/		
10	/			/			60		/		
11	/			/			61		/		
12	/			/			62	/	/		
13	/			/			63		/		
14	/		/				64		/		
15	/			/			65	/	/		
16	/			/			66		/		
17	/			/			67	/	/		
18	/			/			68		/		
19	/		/				69	/	/		
20	/			/			70		/		
21	/			/			71		/		
22	/						72		/		
23	/			/			73	/	/		
24	/			/			74		/		
25	/			/			75		/		
26	/			/			76		/		
27	/			/			77		/		
28	/			/			78		/		
29	/			/			79		/		
30	/			/			80		/		
31	/			/			81		/		
32	/			/			82		/		
33	/			/			83		/		
34	/			/			84		/		
35	/			/			85		/		
36	/			/			86		/		
37	/			/			87		/		
38	/			/			88		/		
39	/			/			89				
40	/			/			90				
41	/			/			91				
42	/			/			92				
43	5			5			93				
44	5			5			94				
45	5			5			95				
46	5			5			96				
47	/			/			97				
48	/			/			98				
49	/			/			99				
50	/			/			100				
TOTAL IND.	12						TOTAL IND.				
TOTAL DEP.	70						TOTAL DEP.	19			
TOTAL CLAIMS	82						TOTAL CLAIMS	92			